

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43036

FILED
Feb 07, 2007
Secretary of State

Entity Name: BAY POINT VISTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5944 N. BAY POINT DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 34456
PENSACOLA, FL 325074456

New Mailing Address:

FEI Number: 59-3228028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDTKE, CATHALEEN H
5944 N. BAY POINT DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

KUECK, LYNN
955 OSPREY COURT
PENSACOLA, FL 32507 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN KUECK

02/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHANNON, DENNIS
Address: 5958 BAY VISTA DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: AKERS, HERBERT
Address: 5989 W. BAY POINT DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: VOGEL, TOM
Address: 5915 BAY VISTA DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: BEST, LISA
Address: 5906 BAY VISTA DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MARINI, DONALD
Address: 6006 W. BAY POINT DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ENOCKSON, JOHN O
Address: 5942 BAY VISTA DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HARDTKE, CATHLEEN
Address: 5944 NORTH BAY POINT DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN O. ENOCKSON

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date